

2005
MASTER GARDENER TRAINING APPLICATION
Hampton, Mathews, Newport News, York

Please print or type

Name (full legal name): _____

Address: _____

PO Box/Street	City/State/Zip Code
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Home Phone: () _____ Work Phone: () _____

E mail: _____ Fax: () _____

- (1) List any volunteer work experience with the public. Also indicate if you found this work satisfactory or not.

- (2) Describe any personal training, experience or special interest(s) that you have in any particular fields of horticulture (e.g. vegetable gardening, landscaping, lawns, trees, annuals and perennials, etc).

- (3) Do you have skills in non-horticultural areas such as public relations, public speaking, writing, lettering, making posters, computers/word processing, organization, media contacts, etc.

(4) Check the program activities where your talents and skills would be most useful.

_____ Developing and presenting educational horticultural exhibits, handouts, and programs.

_____ Identifying horticultural problems, developing and implementing solutions through on-site visits.

_____ Answering telephone environmental and horticultural questions.

_____ Developing community landscaping areas and garden projects.

_____ Conducting tree pruning and lawn maintenance classes.

_____ Developing and presenting to youth groups horticultural classes that support various Standard of Learning goals and to give students hands-on experiences working with plants, soil, and water.

_____ Compiling gardening newsletters, writing articles, or computer data entry.

(5) When will you be available to volunteer?

Monday - Friday: _____ Yes _____ No (anytime between 8:00 am to 4:30 p.m.)

Weekends: _____ *Yes* _____ *No* *Evenings:* _____ *Yes* _____ *No*

(6) How did you learn about the Master Gardener Program?

(7) Why do you wish to become a Master Gardener?

(8) How would you like your name badge to read?

(9) The course fee is \$85.00. Please complete this application and submit a check payable to your coordinator's Extension Office listed below.

Master Gardener Contract

I wish to become a Master Gardener and would like to be accepted for training beginning September 6, 2005. Upon satisfactory completion of the training, I agree that during the year 2005-2006. I will volunteer a minimum of 50 hours of service to the horticultural program(s) of the Virginia Cooperative Extension Office in the area where I live. Satisfactory completion of the training program and volunteer time entitles me to automatically become a certified Master Gardener. I also understand and agree that I must participate in advanced and refresher horticultural training courses and provide volunteer service hours each year (to total at least 28 hours) in order to retain the rights and privileges to continue to use the title of Master Gardener.

Signature: _____

Date: _____

**Please return this application and \$85.00 check by
May 31, 2005 to the coordinator in your area.**

2005 Master Gardener Training Coordinators

Addresses of area contacts:

Gloucester:

June Young
7364 Harbor Hills Drive
Hayes, VA 23072
804/ 642-6037

Newport News:

Peggy Fox
c/o VCE-Newport News
739 Thimble Shoals Blvd – Suite 1009
Newport News, VA 23606
757/591-4838
Checks payable to: NNMGA

Hampton:

Don Bartlett
204 Admiral Court
Hampton, VA 23669
757/ 850-1211

York County:

Evelyn Parker
27 Dryden Drive
Poquoson, VA 23662
757/ 868-0496